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APPLICANTS

George Jackowski, Kettleby, CANADA;  
 Tracy Van Lieshout, Hamilton, CANADA;  
 Brad Thatcher, Casalnuovo de Napoli, ITALY; Rulin Zhang, Brampton, CANADA;  
 Jason Yantha, Toronto, CANADA;  
 Michele Rasamoelisololo, Winnipeg, CANADA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CANADA	SHEETS DRAWING 8	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
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Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS  
 21917  
 MCHALE & SLAVIN, P.A.  
 2855 PGA BLVD  
 PALM BEACH GARDENS, FL  
 33410

TITLE  
 Diagnostic methods for congestive heart failure

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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